

change address

change name, mailing address, contact, contact address, owner, owner address, type
add waste codes

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

I. EPA-ID# VAID980554596 Date: 6-11-96

II. FACILITY NAME Appal Power Co Clinch River Plant

NEW FACILITY NAME

Name Change

AEP Clinch River Plant

III. LOCATION OF INSTALLATION

Street Junction of State Rts 664 + 665

City/Town

State

Zip

County Code

County Name

IV. INSTALLATION MAILING ADDRESS

Street PO Box 157

City/Town

Cleveland

State

VA

Zip

24225

V. INSTALLATION CONTACT

Last Name

taylor

First

Vic

Job Title

Super Envir Eng

Phone #

(540)889-1540

VI. INSTALLATION CONTACT ADDRESS

Street

Same as mailing

City/Town

State

Zip

VII. OWNERSHIP

Name of Legal Owner

Street

1 Riverside Plaza

City/Town

Columbus

State

OH

Zip

43215

Phone #

(614) 223-1233

Land Type

Owner Type

IX. WASTE CODES

Delete Old Waste Codes

Add New Waste Codes

<u>D004</u>				
<u>D018</u>				
<u>D039</u>				
<u>D040</u>				

Updated in RCRIS by:

BS 6/12

HST

Date:

6-11-96

VIII A. Hazardous Waste Activity

- | | Type | RCRA Reg.
Status | RCRA Reg.
Desc. |
|--|----------|--|--------------------|
| 1. Generator | <u>2</u> | | |
| 2. Transporter | | | |
| 3. TSD | | | |
| Mode of Transportation for Transporter | | | |
| Air | Rail | Highway | Water |
| | | | Other |
| 4. <u>HWF Burner/Blender:</u> | | | |
| | B | Boiler and/or Industrial Furnace (BIF) only. | |
| | D | BIF only; Smelter Deferral. | |
| | E | BIF only; Small Quantity Exemption Claimed. | |
| | N | Not a Burner/Blender, Verified. | |
| | X | Other Burner/Blender Activity. | |
| | Blank | Unverified. | |
| a. <u>HWF Marketing to Burner:</u> | | | |
| | X | Code indicates that the Handler is a generator engaged in marketing burners of hazardous waste fuel activities. | |
| b. <u>HWF Other Marketers:</u> | | | |
| | X | Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner. | |
| c. <u>HWF Boiler/Industrial Furnace:</u> | | | |
| | B | Boiler and/or Industrial Furnace (BIF) only. | |
| | X | Indication of Activity. | |
| 5. <u>Underground Injection Control:</u> | | | |
| | X | Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation. | |

VIII B. Used Oil Recycling Activities

1. Used Oil Recycling Activities
- a. Used Oil Marketer to Burner:
- X Marketer directs shipments of used oil to burners.
- b. Used Oil Other Marketer:
- X Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner(e.g., marketing to UO refinery).
2. Used Oil Burner:
- X Indication of Activity.
- Burner Types:
- | | | |
|------------------------|-------------------|--------------------|
| Utility Boiler | Industrial Boiler | Industrial Furnace |
| H=Hazardous Waste Fuel | U=Used Oil Fuel | B=Both |
3. Used Oil Transporter:
- | | | |
|---------------|------------|--------|
| T=Transporter | F=Transfer | B=Both |
|---------------|------------|--------|
4. Used Oil Processor/Re-refiner:
- | | | |
|----------------|---------------|--------|
| P=Process Only | R=Refine Only | B=Both |
|----------------|---------------|--------|

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
For Official Use Only
JUN 5 1996

OTA-CS

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

V A D 9 8 0 5 5 4 5 9 6

II. Name of Installation (Include company and specific site name)

A E P C L I N C H R I V E R P L A N T

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

J U N C T I O N O F S T A T E R T S 6 6 4 & 6 6 5

Street (Continued)

City or Town

State

Zip Code

C A R B O

V A

2 4 2 2 5 -

County Code

County Name

1 6 7 R U S S E L L

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 1 5 7

City or Town

State

Zip Code

C L E V E L A N D

V A

2 4 2 2 5 - 0 1 5 7

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

T A Y L O R

V I C

Job Title

Phone Number (Area Code and Number)

S U P E R E N V I R E N G

5 4 0 - 8 8 9 - 1 5 4 0

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location: Mailing Other

B. Street or P.O. Box

☐ ☒ ☐

City or Town

State

Zip Code

C O L U M B U S

O H

4 3 2 1 5 - 2 3 7 3

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

A P P A L A C H I A N P O W E R C O M P A N Y

Street, P.O. Box, or Route Number

1 R I V E R S I D E P L A Z A

City or Town

State

Zip Code

C O L U M B U S

O H

4 3 2 1 5 - 2 3 7 3

Phone Number (Area Code and Number)

6 1 4 - 2 2 3 - 1 2 3 3

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

P

P

Yes

X

No

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☒
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☒ D 0 0 4 ☒ D 0 0 7 ☒ D 0 0 8 ☒ D 0 0 0

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 5	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an LD. number; See Instructions.)

1 D 0 1 8	2 D 0 3 9	3 D 0 4 0	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Signature

J. E. Harrison

Name and Official Title (Type or print)

J. E. Harrison, Plant Manager

Date Signed

6-3-96

XI. Comments

Part IX, C's "Other Wastes" (an extension of Part IX, A, 4's "Toxicity Characteristics") is obtained from analyses by Safety-Kleen of batches containing other facilities' solvents; these "Other Wastes" automatically require the reporting of listed wastes F001, F002, and F005. The analysis of individual waste solvent streams is cost prohibitive (additional \$1-2000 annually). There is no known source of halogenated solvents at the Clinch River Plant. Small amounts of solvents listed under F003 are utilized in lab reagents.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

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*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA ID: VAD980554596      Other ID:                               Merge Send: Y                      *
*Date Received(MMDDYY): 081880   Source( N/E/S ): N Non-Notifier Flag:                      *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:              *
*Name of Installation: APPAL POWER CO CLINCH RIVER PLANT                      *
*                               Installation Location Address                               *
*Streets: STATE RT 65                                                    *
*City: CARBO                               State: VA      Zip: 24225                      *
*County Code: 167      County Name: RUSSELL                               *
*                               Installation Mailing Address                               *
*Streets: P O BOX 2021                                                    *
*City: ROANOKE                               State: VA      Zip: 240222121                      *
*                               Contact Information                               *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* ROBINSON      ROBERT      ENV DIR      5409852430      M                      *
*Streets: P O BOX 2021                                                    *
*City: ROANOKE                               State: VA      Zip: 240222121                      *
*Land Type: P                                                                *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit                      *
*****

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*****
*                               RCRIS: Notification View Screen 3 of 6
*****
* EPA ID:   VAD980554596      Other ID:      Source:   N
*
* Owner Sequence Number:      1
* Ownership:  APPALACHIAN POWER COMPANY      Type of Owner:  P
*
*                               Address of Owner/Operator
*
*   Street: P O BOX 2021
*   City:   ROANOKE              State: VA Zip Code   240222121
*   Phone:  5409852430
*
* Current/Previous Indicator:  CO   Change Date(MMDDYY):
*
*
*****
* Enter-Continue  F1-Previous Screen  F3-Exit      F5-Curr. Owner
* F6-Prev. Owner  F8-Help              F9-First     F10-Next
*

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*****
*                               RCRIS: Notification View Screen 4A of 6
*****
* EPA ID:   VAD980554596      Other ID:      Source:   N
*
*                               RCRA Reg  RCRA Reg  State Reg  State Reg
* Waste Activity      Type      Status      Desc      Status      Desc
* -----
* HW Generator:      3          R
* HW TSD:
* HW Transporter:    X          N          2
*   Transport Mode:  Air:      Rail:      Highway: X   Water:
*                   Other:
* HW Burner/Blender:
* NHW Used Oil Recycler:
* -----
* Underground Injection Control:
* Recycler:
*

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*****
* Enter-Continue  F1-Previous Screen  F3-Exit      F8-Help
*****
*****
*                               RCRIS: Notification View Screen 5 of 6
*****
* EPA ID:   VAD980554596      Other ID:      Source:   N
*
* Hazardous Waste Codes:  Specific/Non-Specific/Commercial/Chemical
*       D000   D001   D002   D003   D007
*       D008   D009   F001   F002   F003
*       F005
*

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**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

VAD980554596

06/12/96

INSTALLATION ADDRESS

AEP CLINCH RIVER PLANT
PO BOX 157
CLEVELAND, VA 242250157
VIC TAYLOR SUPV ENV ENG

JUNCT OF STATE RTS 664 & 665
CARBO, VA 24225

Never operated as anything but CEG - See letter
change contact + address, owner phone

828

TSD

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

I. EPA-ID# VAD980554596 Date: 8-25-95

II. FACILITY NAME Appal Power Co Clinch River Plant

NEW FACILITY NAME

Name Change

III. LOCATION OF INSTALLATION

Street

City/Town State Zip

County Code County Name

IV. INSTALLATION MAILING ADDRESS

Street

City/Town State Zip

V. INSTALLATION CONTACT

Last Name Robinson First Robert

Job Title Env Director Phone # (540)985-2430

VI. INSTALLATION CONTACT ADDRESS

Street PO Box 2021

City/Town Roanoke State VA Zip 24022

VII. OWNERSHIP

Name of Legal Owner

Street

City/Town State Zip

Phone # (540)985-2430 Land Type Owner Type

IX. WASTE CODES

Delete Old Waste Codes

Add New Waste Codes

CW
HST

8/30/95

Date: 8-29-95

VIII A. Hazardous Waste Activity

	<u>Type</u>	<u>RCRA Reg. Status</u>	<u>RCRA Reg. Desc.</u>
1. Generator			
2. Transporter		N	2
3. TSD	Delete	Delete	
Mode of Transportation for Transporter			
	Air _____	Rail _____	Highway _____
		Water _____	Other _____

4. HWF Burner/Blender:

B Boiler and/or Industrial Furnace (BIF) only.
D BIF only; Smelter Deferral.
E BIF only; Small Quantity Exemption Claimed.
N Not a Burner/Blender, Verified.
X Other Burner/Blender Activity.
Blank Unverified.

a. HWF Marketing to Burner:

X Code indicates that the Handler is a generator engaged in marketing burners of hazardous waste fuel activities.

b. HWF Other Marketers:

X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.

c. HWF Boiler/Industrial Furnace:

B Boiler and/or Industrial Furnace (BIF) only.
X Indication of Activity.

5. Underground Injection Control:

X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

VIII B. Used Oil Recycling Activities

1. Used Oil Recycling Activities

a. Used Oil Marketer to Burner:

X Marketer directs shipments of used oil to burners.

b. Used Oil Other Marketer:

X Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to UO refinery).

2. Used Oil Burner:

X Indication of Activity.

Burner Types:

Utility Boiler _____	Industrial Boiler _____	Industrial Furnace _____
H=Hazardous Waste Fuel	U=Used Oil Fuel	B=Both

3. Used Oil Transporter:

T=Transporter F=Transfer B=Both

4. Used Oil Processor/Re-refiner:

P=Process Only R=Refine Only B=Both

Please print or type

GSA No. 0246-EPA-OT

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act)



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

AUG 4 1995

OWNER COMPLIANCE

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification

(complete item 2)

C. Installation's EPA ID Number

V A D 9 8 0 5 5 4 5 9 6

II. Name of Installation (Include company and specific site name)

C L I N C H R I V E R P L A N T

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

S T R T 6 5

Street (continued)

City or Town

C A R B O

State

V A

ZIP Code

2 4 2 2 5 -

County Code

County Name

R U S S E L L

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P . O . B O X 2 0 2 1

City or Town

R O A N O K E

State

V A

ZIP Code

2 4 0 2 2 - 2 1 2 1

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

R O B I N S O N

(first)

R O B E R T

Job Title

E N V . D I R E C T O R

Phone Number (area code and number)

5 4 0 - 9 8 5 - 2 4 3 0

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing

☐
☒

B. Street or P.O. Box

City or Town

R O A N O K E

State

V A

ZIP Code

2 4 0 2 2 - 2 1 2 1

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

A P P A L A C H I A N P O W E R C O M P A N Y

Street, P.O. Box or Route Number

P . O . B O X 2 0 2 1

City or Town

R O A N O K E

State

V A

ZIP Code

2 4 0 2 2 - 2 1 2 1

Phone Number (area code and number)

5 4 0 - 9 8 5 - 2 4 3 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed)

Month Day Year

RECEIVED

GENERAL STATE SECTION

AUG 24 1995

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☒ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity. See instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
- ☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (D000) ☒
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
- D 0 0 8 D 0 0 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Robert J. Robinson

Name and Official Title (type or print)

Robert J. Robinson
Environmental Affairs Director

Date Signed

8/1/95

XI. Comments

Appalachian Power Company
PO Box 2021
Roanoke, VA 24022-2121
703 985 2300

QUALITY
AUG 18 1995
OWB/M/PERMIT



CERTIFIED LETTER

Ms. Claire Slaughter
Virginia Department of Environmental Quality
4900 Cox Road
P. O. Box 11143
Richmond, Virginia 23230

August 16, 1995

Dear Ms. Slaughter:

We are writing in response to your telephone conversation on August 15, 1995 with Jim Lovell of my staff concerning the "Notification for Hazardous Waste Activity" at our Clinch River Plant. As discussed, the original Clinch River Plant "Notification for Hazardous Waste Activity" filed in 1980 inadvertently identified the facility as a TSD facility. However, Clinch River Plant has not operated as a TSD facility and the Company requests our notification be changed to reflect our operating condition.

If you have any questions, please feel free to contact Mr. Jim Lovell of my staff at (540) 985-2429.

Sincerely,

Robert J. Robinson
Environmental Affairs Director

RJR:d



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

VAD980554596

08/30/95

INSTALLATION ADDRESS

APPAL POWER CO CLINCH RIVER PLANT
P O BOX 2021
ROANOKE VA 240222121
ROBERT ROBINSON ENV DIR

STATE RT 65
CARBO VA 24225